



## Health Care Assistant Delegator Form

Health Care Assistant's Name (Print) \_\_\_\_\_

Health Care Assistant's Signature \_\_\_\_\_

I certify the above individual will only perform the duties and administer medications or diagnostic agents for which he/she has been certified and approved by the Department of Health. As the delegator, I understand that I am responsible for appropriate supervision. The delegator must be an **M.D., D.O., D.P.M., A.R.N.P., or N.D.**

Delegator's Name (Print) \_\_\_\_\_

Delegator's Signature \_\_\_\_\_

Facility Name \_\_\_\_\_ Telephone Number (        ) \_\_\_\_\_

Facility Location Address \_\_\_\_\_

CITY

STATE

ZIP

DOH 684-013 (REV 9/2004)

### Notice

Any change of the medication list must be reported to the Department of Health within 30 days following the change. The Law Relating to Health Care Assistants 18.135 RCW authorizes invasive procedures only. Therefore, only those medications administered by injection should be listed. Please do not list oral, topical, rectal or inhalant medications.

New application for certification is necessary if there is a change in category authorization or health care facility. No certification made by one health care facility or health care practitioner is transferable to another health care facility or health care practitioner as set in RCW 18.135.140

Please contact a customer service representative at 360-236-4700 for certification application information. Forms and information can also be located at our web site:

[https://wws2.wa.gov/doh/hpqa-licensing/hps7/Health\\_Care/default.htm](https://wws2.wa.gov/doh/hpqa-licensing/hps7/Health_Care/default.htm).

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### Notice

**Do NOT return this notice with your certification renewal.**

(It may delay processing your renewal.)

The Department of Health no longer requires the Health Care Assistant Renewal Affidavit be submitted at the time of certification renewal.

It remains the responsibility of every health care facility and health care practitioner who certifies health care assistants to notify the Department of Health upon the change of delegator by submitting the Health Care Assistant Delegator Change Form.

A new application for certification is necessary if there is a change in category authorization or health care facility.

To request the delegator change form or for application information, please contact a customer service representative at 360-236-4700. Forms and information can also be located at our web site:

[https://fortress.wa.gov/doh/hpqa1/hps7/Health\\_Care/default.htm](https://fortress.wa.gov/doh/hpqa1/hps7/Health_Care/default.htm)

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